


SCREEN ONE – Illinois.gov Login

After clicking the link to the [DOL Prevailing Wage System](#), please sign into Illinois Public Account Portal, using your Illinois Public ID.

If you do not have an Illinois Public ID, please create one by clicking the Sign UP button on this screen. Then return to this screen to login with that new Illinois Public ID information.



Sign up

Don't have an Illinois Public Account? [Sign Up](#)

Sign in

Username:

Password:

☐ **Remember Me**

[Sign In](#)

[Can't access your account?](#)

SCREEN TWO – DOL Survey Login

On Screen Two, please enter the DOL User ID and PIN that was included in the email with the survey link and press <Search> button.

This DOL User ID and PIN are unique to the specific government body, such as a Township or Village, for which you are listed as being authorized to submit procurement related information.

State of Illinois
Prevailing Wage

PUBLIC

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Dept. of Labor - Prevailing Wage System

Welcome to the Survey, Please enter the following identifiers and press the "Log On" button to view your information.

FAQsInstructions

DOL USER ID:

PIN:

Log On

IF THERE IS AN ERROR

Throughout the site, the system will let you know if there are data entry errors, presented at the top of the screen in a **red box**. Here is an example of how that would appear.

State of Illinois
Prevailing Wage

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Dept. of Labor - Prevailing Wage System

Please review and fix the following errors:

- The DOL USER ID field is required.
- The PIN field is required.

Welcome to the Survey, Please enter the following identifiers and press the "Log On" button to view your information.

FAQs

Instructions

DOL USER ID:

PIN:

Log On

SCREEN THREE – Public Body Information Confirmation

Please enter the information requested. The following fields will be required: First Name, Last Name, Title, primary phone, primary email and address line 1.

After you enter the required information, press **<Save>**.

Once you have pressed the **<Save>** button, the system will update the information and you will be presented with the Contractor Company List screen.

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Public Body Information

Please review the contact information for your Public Body, make any updates and press the "Save" button to continue to the next step.

PUBLIC BODY NAME: Camp Point **COUNTY:** Adams
GOVERNMENT TYPE: Fire Protection District **DOL USER ID:** PB00101006

*** Required Fields.** Please provide accurate information in ALL required fields.

Address Information

* Address Line 1 <input type="text"/>	Address Line 2 <input type="text"/>	* Title <input type="text"/>
* City <input type="text"/>	* State Illinois <input type="button" value="v"/>	* Zip <input type="text"/>

Contact Information

* First Name <input type="text"/>	Middle Name <input type="text"/>	* Last Name <input type="text"/>
* Primary Email <input type="text"/>	Secondary Email <input type="text"/>	
* Primary Phone <input type="text"/>	Secondary Phone <input type="text"/>	Fax Number <input type="text"/>

Save

SCREEN FOUR – Entering Government Contractor Information

This screen will list all of the contracting companies that your particular Public Body has in the DOL Survey System. The first time you participate in the survey, the list will be blank, but it will update each time you add a contractor entry.

- You can Edit the information for a company by selecting the Edit in the Action column of the row. Then, you will be transferred to the Contractor Edit Screen.
- You can Delete a company by selecting the Delete in the action column of the row. Then you will be presented with a POP UP Box to confirm, which is required before you actually delete.
- You can add an additional Company by pressing the **<Add New Contracting Company>** button. You will be transferred to the Add New Contracting Company screen.
- When you are done inserting all the Contracting Companies, you will press the **<Certify>** button to officially record their responses. This will cause a Pop Up Box to appear asking you to certify the information.

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Contracting Company Information

Your information was updated successfully. [×](#)

Please review your list of Contracting Companies, and make any updates needed. Press the "Add New Contracting Company" button to add a new company to your list, use the "Edit" or "Delete" action to update items on the list. When you are finished, please press the "Certify" button to officially record your information.

PUBLIC BODY NAME: Camp Point **COUNTY:** Adams
GOVERNMENT TYPE: Fire Protection District **DOL USER ID:** PB00101006

Contracting Company List

Did you use any Contracting Companies during the following Period 1/1/2015 - 12/31/2015? ☒ Yes ☐ No

[Add New Contracting Company](#)

Show 10 entries Filter:

Company Name	City	State	Contact Name	Active	Action
no	no	IL	Bob Smith	Yes	Edit Delete

Showing 1 to 1 of 1 entries [First](#) [Previous](#) 1 [Next](#) [Last](#)

[Certify](#)

ADDING A NEW COMPANY

This screen will allow you to add a new Company.

- If you press **<Save>**, the updates will be saved and return you to the Contractor List screen.
- The following fields are required: Company name, Address line 1, City, State, Zip, First Name, Last Name, Title, Primary Email and Primary phone.
- If you press **<Cancel>**, you will be returned back to the contractor list and no updates will be saved.

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PUBLIC BODY NAME: Camp Point **COUNTY:** Adams
GOVERNMENT TYPE: Fire Protection District **DOL USER ID:** PB00101006

*** Required Fields.** Please provide accurate information in ALL required fields.

Address Information

* Company Name	* Address Line 1	Address Line 2
<input type="text"/>	<input type="text"/>	<input type="text"/>
* City	* State	* Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact Information

* First Name	Middle Name	* Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
* Title	* Primary Email	Secondary Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
* Primary Phone	Secondary Phone	Fax Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Special Note

Notes

Save

Cancel

EDITING A COMPANY

This screen will allow you to edit a Company.

- If you press **<Save>**, the updates will be saved and you will be returned back to the Contractor List screen.
- The following fields are required: Company name, Address line 1, City, State, Zip, First Name, Last Name, Title, Primary Email and Primary phone.
- If you press **<Cancel>**, you will be returned back to the contractor list and no updates will be saved.

Edit Contracting Company

Please correct any of the following information for the Contracting Company and press "Save" button to record your entry or press "Cancel" button to return to the Contracting Company List without saving.

PUBLIC BODY NAME: Camp Point **COUNTY:** Adams
GOVERNMENT TYPE: Fire Protection District **DOL USER ID:** PB00101006

*** Required Fields.** Please provide accurate information in ALL required fields.

Address Information

* Company Name

* Address Line 1

Address Line 2

* City

* State

* Zip Code

Contact Information

* First Name

Middle Name

* Last Name

* Title

* Primary Email

Secondary Email

* Primary Phone

Secondary Phone

Fax Number

Special Note

Notes

Save

Cancel

SCREEN FIVE – Certification Page

When you press the <Certify> button, you will be presented with a Pop Up Box asking you to certify the information you provided, you would click the check box and type in your First name and Last name. Then you click <Approve> to finalize. The system will log you out and sends you to a thank you page.

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Contracting Company

Please review your list of Contracting Companies. If you need to add a new company to your list, use the "Add New Contracting Company" button to add a new company. If you need to update a company's information, use the "Certify" button to update the information.

Certify Your Information

In lieu of a written signature, typing your name in the box below and clicking "Approve" button, certifies the information you provided is accurate and truthful to the best of your knowledge.

* **Required Fields.** Please provide accurate information in ALL required fields.

* I agree to the above statement ☒

* Certified By (First and Last Name)

Approve Cancel

Did you use any Contracting Companies during the following period: 1/1/2010 - 12/31/2010? ☒ Yes ☐ No

Add New Contracting Company

Show: 10 entries Filter:

Company Name	City	State	Contact Name	Active	Action
no	no	IL	Bob Smith	Yes	Edit Delete

Showing 1 to 1 of 1 entries First Previous 1 Next Last

Certify

SCREEN SIX – Confirmation Message

When you have finished the survey and certified your answers, this is the final confirmation page you will see.

Remember Public Bodies have until **5PM on Friday, May 13, 2016**, to submit government contractor information in the Prevailing Wage Survey.



Confirmation

Your information has been certified and officially recorded. Thank you for your cooperation.

We recommend that you close all browsers at this time.

[Log Off](#)